

Case Number:	CM15-0216731		
Date Assigned:	11/09/2015	Date of Injury:	05/09/1986
Decision Date:	12/23/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who sustained an industrial injury on 05/09/1986. Medical records indicated the worker was status post fusion (1989) and a discectomy in 1987, physical therapy, steroid injections, and pain medication. Her diagnoses include degenerative disc disease. She has taken Norco 6-8 daily, Soma 1-2 daily, and Valium 10 mg 1-2 per day for a prolonged time (since at least 03-31-3015). In the provider notes of 10-19-2015, the injured worker had been attempting to wean from the Norco and Soma and Valium. She felt a "pop" in her back and fell into her recliner 10-06-2015. Her pain went from a 4 on a scale of 0-10 to a 10 on a scale of 0-10 and has not improved. The Norco is not helping the pain. Percocet was prescribed. The worker relates that she has a feeling that she has to have a bowel movement all of the time, She has no urinary incontinence. On exam, the lumbar back exhibits decreased range of motion, tenderness, bony tenderness, and pain. The worker has had urine toxicology screens, which repeatedly showed compliance with expected levels of prescribed medications. With medications, her level of pain after taking her medication is a 5 on a scale of 0-10, and at its worst her pain is a 6-7 on a scale of 0-10. Current medications include Norco, Valium, Prilosec, Percocet, Soma, and Prilosec. A request for authorization was submitted for: 1. CT scan of lumbar spine without contrast, 2. Lumbar Spine back support brace. A utilization review decision 10-28-2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CT scan of lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under CT.

Decision rationale: The 58 year old patient complains of chronic low back pain along with depression and anxiety, as per progress report dated 10/19/15. The request is for CT scan of lumbar spine without contrast. There is no RFA for this case, and the patient's date of injury is 09/05/86. The patient is status post lumbosacral laminectomy, as per progress report dated 10/19/15. Diagnoses also included lumbar degenerative disc disease. Medications include Norco, Valium, Soma, Prilosec, Singulair, Ventolin, Qvar, Spiriva and Percocet. The patient is not working, as per progress report dated 10/29/15 (after the UR denial date). Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter, under CT (computed tomography) Section states: Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt chance fracture. Myelopathy neurological deficit related to the spinal cord-, traumatic-Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x- rays. Evaluate successful fusion if plain x-rays do not confirm fusion. As per progress report dated 03/31/15, the patient has not had an MRI in the recent past due to aneurysm clip. However, CT, dated 12/19/14, revealed L5-S1 degenerative disc disease and L1 compression fracture, as per the same report. The current request for CT scan of the lumbar spine is noted in progress report dated 10/19/15. Physical examination of the affected area, as per the same report, revealed decreased range of motion, bony tenderness, and pain along with paresthesia. The report also indicates that four days prior to the 10/19/15 visit, the patient heard a "pop" in her back, which led to an increase in pain from "4 to 10." The treater also states, "since her new injury she has feeling that she has to have a bowel movement all the time," although she has not had an accident yet. However, as per progress report dated 11/19/15 (after the UR denial date), there are no issues with the patient's bowel movement, and the patient's pain has returned to 4- 5/10 "which is her usual level of pain after taking her medication." The physical examination findings, as per the most recent report available for review, do not indicate any neurological deficits in the lumbar spine. There is no evidence of "red flags", an acute re-injury, or any neurological decline. The increase in pain and bowel issues mentioned in the 10/19/15 report appear to have resolved. Without evidence of progressive neurological compromise or other "red flags" indicative of significant decline, a request for repeat CT scan cannot be substantiated. Hence, the request is not medically necessary.

Lumbar Spine back support brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under Lumbar Supports.

Decision rationale: The 58 year old patient complains of chronic low back pain along with depression and anxiety, as per progress report dated 10/19/15. The request is for lumbar spine back support brace. There is no RFA for this case, and the patient's date of injury is 09/05/86. The patient is status post lumbosacral laminectomy, as per progress report dated 10/19/15. Diagnoses also included lumbar degenerative disc disease. Medications include Norco, Valium, Soma, Prilosec, Singulair, Ventolin, Qvar, Spiriva and Percocet. The patient is not working, as per progress report dated 10/29/15 (after the UR denial date). ODG Guidelines, Low Back chapter under Lumbar Supports state that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." In this case, a request for lumbar brace is noted in progress report dated 10/19/15. Physical examination of the affected area, as per the same report, revealed decreased range of motion, bony tenderness, and pain along with paresthesia. The reports, however, do not document spinal instability, spondylolisthesis or compression fractures. There is no radiographic evidence of instability either. ODG states there is very low quality evidence for the use of lumbar bracing for non-specific LBP. Hence, the request is not medically necessary.